

NOTE: This application must be typewritten or legibly written and all questions answered. Strike out inapplicable wording where appropriate and necessary. All signatures must be followed by typed names. Corporate names & seals must be used where necessary.

BOARD OF LICENSE COMMISSIONERS

Charles County, Maryland

ALCOHOLIC BEVERAGE LICENSE APPLICATION

Application is hereby made under the provision of the Alcoholic Beverages Article of the Annotated Code of Maryland, as amended for a New/Transfer of a Class _____, _____ alcoholic beverage license and the applicant(s) represent(s) to the Board of License Commissioners of Charles County, Maryland, as follows:

1. PERSONAL INFORMATION:

A. NAME: _____
ADDRESS: _____
PHONE No.: (Daytime) _____ (Evening) _____ (Premises) _____
SOCIAL SECURITY No.: _____ DRIVERS LICENSE No: _____
DATE of BIRTH: _____ AGE: _____ SEX: _____
CITIZEN of the UNITED STATES? ____ (Yes) ____ (No) PLACE OF BIRTH: _____
NATURALIZED CITIZEN OF UNITED STATES? If YES give Place & Date: _____

RESIDENT of CHARLES COUNTY since _____

* * *

B. NAME: _____
ADDRESS: _____
PHONE No.: (Daytime) _____ (Evening) _____ (Premises) _____
SOCIAL SECURITY No.: _____ DRIVERS LICENSE No: _____
DATE of BIRTH: _____ AGE: _____ SEX: _____
CITIZEN of the UNITED STATES? ____ (Yes) ____ (No) PLACE OF BIRTH: _____
NATURALIZED CITIZEN OF UNITED STATES? If YES give Place & Date: _____

RESIDENT of CHARLES COUNTY since _____

* * *

C. NAME: _____
ADDRESS: _____
PHONE No.: (Daytime) _____ (Evening) _____ (Premises) _____
SOCIAL SECURITY No.: _____ DRIVERS LICENSE No: _____
DATE of BIRTH: _____ AGE: _____ SEX: _____
CITIZEN of the UNITED STATES? ____ (Yes) ____ (No) PLACE OF BIRTH: _____
NATURALIZED CITIZEN OF UNITED STATES? If YES give Place & Date: _____

RESIDENT of CHARLES COUNTY since _____

2. THE APPLICANT IS A CITIZEN OF THE UNITED STATES, AND HAS BEEN FOR TWO YEARS NEXT PRECEDING THE FILING OF THE APPLICATION A RESIDENT OF CHARLES COUNTY.

3. THE LOCATION WHERE A LICENSE IS DESIRED IS IN THE ____ ELECTION DISTRICT OF CHARLES COUNTY MARYLAND AT
(street address of business) _____

AND THAT THE BUILDING AT THE PLACE JUST DESCRIBED IS (entire buildings(s) or describe portion of same to be used for the business under the license applied for) _____

THE OWNER OF THE PREMISES DESCRIBED ABOVE IS _____

WHOSE MAILING ADDRESS IS _____.

4. TRADING NAME OF BUSINESS: _____ BUSINESS PHONE NO.: _____.

BUSINESS MAILING ADDRESS: _____.

5. THAT THIS APPLICATION IS FOR A NEW ____ ALCOHOLIC BEVERAGE LICENSE OR A TRANSFER ____ OF A CLASS ____ ALCOHOLIC BEVERAGE LICENSE CURRENTLY TRADING AS: _____. IN THE EVENT THAT THIS IS AN APPLICATION FOR A NEW LICENSE YOU MUST ALSO ATTACH A DRAWING INDICATING THE LAYOUT OF THE BAR/RESTAURANT AREA AND THE NUMBER OF SEATS TO ACCOMMODATE THE PUBLIC.

6. THAT NEITHER THE APPLICANT NOR ANY OF THE STOCK HOLDER(S) HAVE EVER BEEN CONVICTED OF A FELONY. THE APPLICANT HAS NEVER BEEN ADJUDGED GUILTY OF VIOLATING THE LAWS GOVERNING THE SALE OF ALCOHOLIC BEVERAGES, OR FOR THE PREVENTION OF GAMBLING IN THE STATE OF MARYLAND.

7. THE APPLICANT HAS NOT HELD A LICENSE FOR THE SALE OF ALCOHOLIC BEVERAGES WHICH HAS BEEN REVOKED.

8. THE APPLICANT HAS A PECUNIARY INTEREST IN THE BUSINESS TO BE CONDUCTED UNDER SAID LICENSE; THE APPLICANT IS NOT PECUNIARILY INTERESTED IN ANY OTHER PLACE OF BUSINESS IN CHARLES COUNTY WHERE, OR FOR WHICH, AN ALCOHOLIC BEVERAGE LICENSE HAS BEEN APPLIED FOR, GRANTED OR ISSUED (except as permitted by the Alcoholic Beverages Article of the Ann. Code of Md).

9. THE APPLICANT HAS/HAS NEVER HELD AN ALCOHOLIC BEVERAGE LICENSE, AND IF SO, IN WHAT STATE AND AT WHAT LOCATION THEREIN? _____.

10. THAT NO PERSON EXCEPT THE APPLICANT IS IN ANY WAY PECUNIARILY INTERESTED IN SAID LICENSE OR IN THE BUSINESS TO BE CONDUCTED THEREUNDER DURING THE CONTINUANCE OF THE LICENSE APPLIED FOR (except as permitted by Alcoholic Beverages Article of the Ann. Code of Md).

11. NO MANUFACTURER, BREWER, DISTILLER, OR WHOLESALER, DIRECTLY OR INDIRECTLY, HAS ANY FINANCIAL INTEREST IN THE PREMISES OR BUSINESS OF THE APPLICANT AND THAT THE APPLICANT WILL NOT THEREAFTER CONVEY OR GRANT TO ANY SUCH MANUFACTURER, BREWER, DISTILLER OR WHOLESALER ANY SUCH INTEREST (except as permitted by Alcoholic Beverages Article of the Ann. Code of Md).

12. THE APPLICANT HAS AT THE TIME OF MAKING THIS APPLICATION NO INDEBTEDNESS OR OTHER FINANCIAL OBLIGATIONS AND WILL NOT THEREAFTER INCUR ANY SUCH INDEBTEDNESS OR OTHER FINANCIAL OBLIGATION, DIRECTLY OR INDIRECTLY, TO ANY MANUFACTURER, BREWER, DISTILLER OR WHOLESALER OTHER THAN FOR THE PURCHASE OF ALCOHOLIC BEVERAGES.

13. THE APPLICANT WILL IF GRANTED A LICENSE CONFORM TO ALL LAWS AND REGULATIONS RELATING TO THE BUSINESS IN WHICH THE APPLICANT PROPOSES TO ENGAGE.

14. I/WE HEREBY AUTHORIZE THE BOARD OF LICENSE COMMISSIONERS, ITS DULY AUTHORIZED AGENTS AND EMPLOYEES, AND ANY PEACE OFFICER OF CHARLES COUNTY TO INSPECT AND SEARCH, WITHOUT WARRANT, THE PREMISES UPON WHICH THE BUSINESS IS TO BE CONDUCTED AND ANY AND ALL PARTS OF THE BUILDING IN WHICH SAID BUSINESS IS TO BE CONDUCTED AT ANY AND ALL HOURS.
15. IF THE APPLICATION IS MADE BY INDIVIDUALS ON BEHALF OF A CORPORATION, LIST ALL OFFICERS AND STOCKHOLDERS AND THEIR TITLES AND ADDRESSES: (if more space is needed continue on separate page). ATTACH A COPY OF THE CURRENT RECORDED CORPORATE CHARTER (OR RECORDED CERTIFICATION OF CHANGE OF OFFICERS)

NAME OF CORPORATION: _____

Name/Address Officers and Stockholders:

a. _____	_____	c. _____	_____
_____	Officer/Stockholder	_____	Officer/Stockholder
_____	_____	_____	_____
_____	% Interest	_____	% Interest
b. _____	_____	d. _____	_____
_____	Officer/Stockholder	_____	Officer/Stockholder
_____	_____	_____	_____
_____	% Interest	_____	% Interest

RESPECTFULLY SUBMITTED:

ATTORNEY FOR APPLICANT(S):

(Address/phone no.)

Applicant signature

Applicant signature

Applicant signature

- NOTARY PAGE TO FOLLOW -

a. STATE OF MARYLAND, CHARLES COUNTY, TO WIT:

I HEREBY CERTIFY that on this ____ day of _____, _____, before me, the subscriber a Notary Public of said State and County, personally appeared _____, the applicant(s) named in the foregoing application and made oath in due form of law that the statements herein are true.

WITNESS my hand and Notarial Seal.

My Commission Expires: _____

NOTARY PUBLIC

* * *

b. STATE OF MARYLAND, CHARLES COUNTY, TO WIT:

I HEREBY CERTIFY that on this ____ day of _____, _____, before me, the subscriber a Notary Public of said State and County, personally appeared _____, the applicant(s) named in the foregoing application and made oath in due form of law that the statements herein are true.

WITNESS my hand and Notarial Seal.

My Commission Expires: _____

NOTARY PUBLIC

* * *

c. STATE OF MARYLAND, CHARLES COUNTY, TO WIT:

I HEREBY CERTIFY that on this ____ day of _____, _____, before me, the subscriber a Notary Public of said State and County, personally appeared _____, the applicant(s) named in the foregoing application and made oath in due form of law that the statements herein are true.

WITNESS my hand and Notarial Seal.

My Commission Expires: _____

NOTARY PUBLIC

STATEMENT OF OWNER OF PREMISES

I am/we are the Owner(s) of the property _____ (insert premises address)
where the alcoholic beverages license, if issued, shall be used;

As the Owner of the property, I/we assent to the granting of the sought license and authorize the Board of License Commissioners, its duly authorized agents and employees, and any peace officer of Charles County, Maryland to inspect and search, without warrant, the premises upon which the business is to be conducted and any and all parts of the building in which said business is to be conducted at any and all hours;

The undersigned affirms, under the penalties of perjury that:

1. he/she/they/it (select one) is/are (select one) the Owner(s) of the property where the alcoholic beverages license, if issued, shall be used; and
2. in the event that the Owner is not a natural person, the individual signing below further affirms that he/she is duly authorized to make and sign the foregoing statement on behalf of the Owner).

Witness our/my hand(s) and seal(s) this _____ day of _____, 2018.

TYPE OWNER(S) NAME(S) HERE

_____ (seal)

By: _____ Type name here

_____ Type title here (if applicable)

(Natural Person Notary Provision)

STATE OF _____, COUNTY OF _____ to Wit:

I HEREBY CERTIFY that on this _____ day of _____, 2018, before me, the subscriber a Notary Public of the State of _____ in and for the County aforesaid, personally appeared _____, who acknowledged the foregoing to be his/her act.

WITNESS my hand and Notarial Seal.

NOTARY PUBLIC

My Commission Expires: _____

OR

(Corporate Notary Provision)

CERTIFICATE OF CITIZENS

We, the undersigned citizens of the _____ Election District of Charles County in which the business covered by the foregoing application is to be conducted are owners of real estate situated in said Election District in which the applicant proposes to do business, certify that each of us have been personally acquainted with the applicant for the length of time indicated after our respective names; that we have examined the application of the applicant; and that we have good reason to believe that all of the statements contained in said application are true; that we are of the opinion that the applicant is a suitable person to obtain the license applied for; that we are familiar with the premises upon which the proposed business is to be conducted; and that we believe that the premises are suitable for the conduct of a retail dealer in alcoholic beverages. **SIGNORS MUST BE A REGISTERED VOTER AND TAXPAYER IN DISTRICT WHERE BUSINESS IS LOCATED.**

NAME	ADDRESS	LENGTH OF TIME ACQUAINTED W/APPLICANT
1. _____ <i>Signature</i>	_____	_____
_____	_____	

2. _____ <i>Signature</i>	_____	_____
_____	_____	

3. _____ <i>Signature</i>	_____	_____
_____	_____	

4. _____ <i>Signature</i>	_____	_____
_____	_____	

5. _____ <i>Signature</i>	_____	_____
_____	_____	

6. _____ <i>Signature</i>	_____	_____
_____	_____	

7. _____ <i>Signature</i>	_____	_____
_____	_____	

8. _____ <i>Signature</i>	_____	_____
_____	_____	

9. _____ <i>Signature</i>	_____	_____
_____	_____	

10. _____ <i>Signature</i>	_____	_____
_____	_____	

11. _____ <i>Signature</i>	_____	_____
_____	_____	

PETITION CERTIFICATION

I HEREBY CERTIFY, that the signatures on the attached Petition, are in compliance with the Alcoholic Beverages Article, § 4-110, Annotated Code of Maryland, having been certified as property owners in the _____ Election District, and on record with the State Department of Assessment and Taxation; and as registered voters certified by the Charles County Board of Elections.

Applicant: _____

T/A: _____

Date: _____

CONSENT TO TRANSFER

I/WE, _____, _____,
(*Licensee*) (*Licensee*)
_____, Officers of _____,
(*Licensee*) (*Corporate Entity*)
currently holding a Class _____ alcoholic beverage license for
(*Class of License*)
the premises trading as _____ located at _____
(*Trade Name*)

(*Address*)

HEREBY CONSENT to the transfer of said alcoholic beverage license to:

Name

Name

Name

Corporate Entity

Trading As

Address

Witness: Name: _____
Date:

Witness: Name: _____
Date:

Witness: Name: _____
Date:

EACH APPLICANT MUST SIGN A SEPARATE FORM

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

NAME _____

First

Middle

Last

ADDRESS: _____

PREVIOUS ADDRESS: (Last 10 years): _____

OTHER NAME(S) USED: _____ SOCIAL SECURITY #: _____

DATE & PLACE OF BIRTH: _____

HAVE YOU EVER APPLIED FOR, OR BEEN GRANTED A LIQUOR LICENSE? _____

IF SO, WHEN (Date) AND WHERE? _____

I HEREBY AUTHORIZE a review of and full disclosure of all records, or any pert thereof, concerning myself, to any duly authorized agent of the Charles County Office of the Sheriff or Maryland State Police, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, or for the specific purpose of pursuing a background investigation which may provide pertinent date for the Board of License Commissioners for Charles County, Maryland, to consider in determining my suitability as an alcoholic beverage license holder. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained in a background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability as an alcoholic beverage license holder.

A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original of my signature.

Signature of Applicant

Notary Public

My Commission Expires: _____

OPEN CONTAINER AFFIDAVIT

I HEREBY CERTIFY, under the penalty of perjury, that as licensee(s) of

_____, I do not, nor will in the future, give permission to any person(s) to consume alcoholic beverages or possess alcoholic beverages in an open container, anywhere on the licensed premises except inside those portions of the permanent building provided for such purpose.

Witness:

Name:
Date:

Witness:

Name:
Date:

Witness:

Name:
Date:

BULK TRANSFER AFFIDAVIT

I/WE HEREBY CERTIFY, under penalty of perjury, that as licensee(s) of

_____, I/WE have fully complied with the Bulk Transfers Act,
Commercial Law Article, Title 6, Annotated Code of Maryland.

Witness:

Name:
Date:

Witness:

Name:
Date:

Witness:

Name:
Date:

List of Attachments

Applicant: _____ t/a: _____

		Yes	No
1.	Application Filing/Posting Fees: \$235.00 payable to Charles County Treasurer Publication of Legal Notice Fee: \$ 62.00 payable to the Maryland Independent		
2.	Application.		
3.	Statement of the Owner of Premises.		
4.	Drawing or Diagram of Premises (if application is for a new license) indicating seating/bar areas.		
5.	Consent to Transfer (if applicable).		
6.	Petition (signed by at least ten citizens who are owners of real estate and registered voters of the election district in which the business is to be conducted).		
7.	Statement advising date criminal background applications were mailed/requested.		
8.	Authorization for Release of Personal Information (form for each applicant).		
9.	Open Container Affidavit (signed by each applicant).		
10.	Bulk Transfer Affidavit (signed by each outgoing owner, if pertinent).		
11.	Credit Rating for each licensee.		
12.	Certification from an approved Alcohol Awareness Course.		
13.	Crowd management certificate from Md. State Fire Marshal.		
14.	Health Permit (if unavailable, statement as to date application was made with the Health Department).		
15.	Use & Occupancy Permit (if unavailable, statement as to date application was made with PGM).		
16.	Copy of State of Maryland Sales Tax ID Certificate.		
17.	A certificate of compliance with the Maryland Workers' Compensation Act; or the number of a workers' compensation insurance policy or binder.		
18.	Corporate documents including (or similar filings if applying on behalf of a limited liability company) <ul style="list-style-type: none"> a. Copy of <i>Recorded</i> Corporate Charter from State of Maryland b. Articles of Incorporation c. Bylaws d. Corporate Resolution authorizing application for liquor license. e. Stock Ledger Sheet f. Copies of Stock Certificates -or- If transfer application, <ul style="list-style-type: none"> a. Copy of Certification of Change of Officer(s) from State of Maryland. b. Updated Stock Ledger Sheet f. Copies of newly issued Stock Certificates and cancellations. 		
19.	Lease and/or Contract of Sale (Lease should be in the name of the corporate entity).		
20.	Deed for Property		
21.	Affidavit of Posting (filed prior to hearing).		

FOR OFFICE USE ONLY:

APPLICANT: _____

CORPORATE: _____

T/A: _____

CLASS: _____

TRANSFER/NEW LICENSE: _____

ATTORNEY: _____

DATE RECEIVED: _____

HEARING DATE: _____

LEGAL NOTICE: _____

POSTING PREPARED: _____

TREASURER'S OFFICE: _____

LICENSE APPROVED: _____

LICENSE ISSUED: _____